

Case Number:	CM14-0014405		
Date Assigned:	02/21/2014	Date of Injury:	10/10/2011
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury of unknown mechanism on 10/10/2011. In the clinical note dated 12/20/2013, the injured worker complained of mainly left leg weakness and numbness which had been gradually improving with swimming and ambulation. The physical examination of the lumbar spine revealed range of motion allowing for 45 degrees of flexion at the hips with forward reach to the knees. The straight leg raise was negative. An MRI dated 01/28/2012 showed a left-sided disc herniation at L4-5, L5-S1 being transitional and this being her lowest mobile segment. It was noted that there was a slight disc bulge with high intensity zone indicating an annular tear at L3-4, which the physician thought was not symptomatic. The diagnoses included status post left L4-5 microlumbar discectomy dated 06/11/2013. The treatment plan included a prescription for acupuncture and continuation of prescribed medications and also a TENS unit. The Request for Authorization was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE, 12 VISITS FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when patient medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation, and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, for relaxation in an anxious patient, and reduce muscle spasm. In the clinical notes provided for review, the injured worker was noted as stating that her symptoms were gradually improving with swimming and ambulation. Also, the clinical note lacked documentation of the injured worker having significant deficits including neurological symptoms and functional deficits. The guidelines also state that the frequency and duration of acupuncture should have a time to produce functional improvements within 3 to 6 treatments; the request for 12 sessions would exceed the guideline recommendations. Therefore, the request for acupuncture, 12 visits for the lumbar, is not medically necessary and appropriate.

TENS UNIT FOR PURCHASE FOR THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In the clinical notes provided for review, the documentation lacked information indicating the injured worker underwent a one month TENS trial with documentation of the efficacy of the TENS unit. Furthermore, the guidelines state that a TENS unit is not recommended as a primary treatment modality. The injured worker was noted as stating that symptoms had been gradually improving with swimming and ambulation. Therefore, the request for a TENS unit for purchase for the lumbar is non-medically necessary and appropriate.